

State of California
Department of Health Services

May 19, 2003

CHDP Program Letter No.: 03-09

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN'S
MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE
STAFF

SUBJECT: CHDP GATEWAY TRAINING FOR PROVIDERS

Enclosed is CHDP Provider Information Notice No.: 03-09 announcing six additional CHDP Gateway provider-training dates to be held between July and September, 2003. Also provided is specific information for training being held in May and June.

Please distribute the enclosed provider information notice without any revisions to providers in your local program area and complete and return the enclosed "Report of Distribution."

If you have any questions regarding the CHDP Gateway, please contact your Regional Nurse Consultant or Maggie Petersen, at (916) 327-2267.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Children's Medical Services Branch
714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400

Internet Address: <http://www.dhs.ca.gov/pcfh/cms>

CHDP Gateway

Benefits of attending the CHDP Gateway training class

- **Starting July 1, 2003, CHDP program providers will pre-enroll children into the Medi-Cal program by using the CHDP Gateway Pre-Enrollment application on either the Medi-Cal Web site or the POS network. Attend the next available training to learn more!**

Child Health and Disability Prevention (CHDP) program providers are encouraged to attend a training class. The course material will cover the following:

- Complete overview of the changes to the CHDP program
- Complete instructions for the required pre-enrollment application (DHS 4073)
- Complete overview of the field changes to the PM 160 form
- Complete instructions for submitting pre-enrollment applications using the Point of Service (POS) device and the Medi-Cal Web site (www.medi-cal.ca.gov)

Registration Information----->

Los Angeles, May 20, 2003

Sheraton Gateway Hotel
6101 West Century Boulevard
Los Angeles, CA 90045
For directions, call (310) 642-1111

San Diego, June 10, 2003

San Diego Concourse
202 C Street MS57
San Diego, CA 92101
For directions, call (619) 615-4100

Redding, June 24, 2003

Red Lion Hotel
1830 Hilltop Drive
Redding, CA 96002
For directions, call (530) 221-8700

Orange/Anaheim, May 23, 2003

DoubleTree Hotel
100 The City Drive
Orange, CA 92868
For directions, call (714) 634-4500

Pasadena, June 18, 2003

Pasadena Convention Center
300 East Green Street
Pasadena, CA 91101
For directions, call (626) 793-2122

Fresno, June 26, 2003

Fresno Convention Center
700 M Street
Fresno, CA 93721
For directions, call (559) 621-4711

The following cities will be featured in next month's CHDP Gateway training flyer:

Long Beach, July 15, 2003

Santa Barbara, July 22, 2003

Los Angeles, July 24, 2003

San Jose, July 29, 2003

Bakersfield, August 12, 2003

Ukiah, September 16, 2003

Training sessions are available from 8:30 a.m. - 12 p.m. or from 1 p.m. - 4:30 p.m.

Please call EDS at 1-800-541-5555 to register for a morning or afternoon training session.

- Please call EDS at 1-800-541-5555 to request an interpreter for the hearing impaired or an assistive listening device, if needed. EDS requires 10 working days to arrange for an interpreter or a listening device.

Visit the Provider Relations Organization (PRO) Web site at pro.medi-cal.ca.gov for a comprehensive schedule of Medi-Cal and CHDP training classes.

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Department of Health Services
Children's Medical Services Branch
Child Health and Disability Prevention (CHDP) Program
REPORT OF DISTRIBUTION REPORT FORM

Purpose of form and instruction for use:

- The purpose of the report form is to confirm distribution of CHDP policy information to providers participating in the CHDP program by the Local Health Department CHDP Program. Submission of the report form provides documentation to the State of California, Department of Health Services, Children's Medical Services Branch, CHDP Program, of the date of distribution of Provider Information Notices.
- This form is to be completed after you have distributed the CHDP Provider Information Notice.
- The Report of Distribution report form is to be mailed to the address shown below within 45 days of this letter.

PLEASE NOTE THAT NO CHANGE IS TO BE MADE IN THIS PROVIDER INFORMATION NOTICE OR ATTACHMENT.

THANK YOU.

Report of Distribution of:

CHDP Program Letter No. 03-09 and Provider Information Notice No. 03-09

THIS PROVIDER INFORMATION NOTICE WAS SENT TO PROVIDERS IN

_____ COUNTY/CITY on _____ DATE

Name: _____ Title: _____
Program Representative (Print)

SIGNATURE OF SENDER: _____ Date: _____

Mail the completed form to: Report of Distribution Clerk
Children's Medical Services Branch
Child Health and Disability Prevention
P.O. Box 942732
Sacramento, CA 94234-7320

Please note: To update local program contact information (e.g., address, telephone, director or deputy director name), please follow the instructions on page one of the **Children's Medical Services Directory**. The directory can be found under "Forms and Publications" at www.dhs.ca.gov/chdp. To open the directory, enter the case-sensitive password: CMS#directory.